



## **Application Data Sheet**

### **Application Information**

Application number::	10/533,928
Filing Date::	July 29, 2005
Application Type::	Regular
CD-ROM or CD-R?::	No
Number of CD Disks::	None
Number of copies of CDs::	None
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	None
Title::	MASK AND COMPONENTS THEREOF
Attorney Docket Number::	PTB-4398-427
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	90
Small Entity?::	No
Petition included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	None

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Michael
Middle Name::	

Family Name::	BERTHON-JONES
Name Suffix::	
City of Residence::	Leonay
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Peter
Middle Name::	Edward
Family Name::	BATEMAN
Name Suffix::	
City of Residence::	Cherrybrook
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Donald
Middle Name::	
Family Name::	DARKIN

Name Suffix::	
City of Residence::	Dural
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Robin
Middle Name::	Garth
Family Name::	HITCHCOCK
Name Suffix::	
City of Residence::	Carlingford
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Philip
Middle Name::	James
Family Name::	JENKINSON
Name Suffix::	

City of Residence::	Chittaway Point
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	187 Geoffrey Road
City of mailing address::	Chittaway Point
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2261
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Susan
Middle Name::	Robyn
Family Name::	LYNCH
Name Suffix::	
City of Residence::	Epping
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Gordon
Middle Name::	Joseph
Family Name::	MALOUF
Name Suffix::	
City of Residence::	Gymea Bay

State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Patrick
Middle Name::	John
Family Name::	McAULIFFE
Name Suffix::	
City of Residence::	Chatswood
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Milind
Middle Name::	Chandrakant
Family Name::	RAJE
Name Suffix::	
City of Residence::	Wentworthville
State or Province of Residence::	New South Wales

Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Joint Australia and United Kingdom
Status::	Full Capacity
Given Name::	Gary
Middle Name::	Christopher
Family Name::	ROBINSON
Name Suffix::	
City of Residence::	East Killara
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address::	Bella Vista
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Richard
Middle Name::	
Family Name::	SOKOLOV
Name Suffix::	
City of Residence::	Earlwood
State or Province of Residence::	New South Wales
Country of Residence::	Australia

Street of mailing address::	4 Bardwell Crescent
City of mailing address::	Earlwood
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2206
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Philip
Middle Name::	Thomas
Family Name::	STALLARD
Name Suffix::	
City of Residence::	Denistone East
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	2 Kings Road
City of mailing address::	Denistone East
State or Province of mailing address::	New South Wales
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	2112
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Michael
Middle Name::	Kassipillai
Family Name::	GUNARATNAM
Name Suffix::	
City of Residence::	Marsfield
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth Macarthur Drive

City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153

### **Correspondence Information**

Correspondence Customer Number:: 23117

### **Representative Information**

Representative Customer Number:: 23117

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Claims the benefit	60/424,005	11/06/2002
	under 35 U.S.C.	60/447,327	02/14/2003
	§ 119(e) of	60/488,752	07/22/2003
		60/503,896	09/22/2003

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
WIPO	PCT/AU2003/001471	6 November 2003	Yes

### **Assignee Information**

Assignee Name:: ResMed Limited  
Street of mailing address:: 1 Elizabeth Macarthur Drive  
City of mailing address: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing Address:: 2153